

ADD Follow-up Visit

Patient Name _____ Date _____

Person Completing This Form _____

1. Are you concerned about the patient's school performance?

Yes If yes, why?
 No

2. Are you concerned about the patient's efficiency or carelessness at school?

Yes If yes, why?
 No

3. Are you concerned with the patient's social development?

Yes If yes, why?
 No

4. How long does it take to do homework each day?

hours Comments?

5. Rate the patient's mood from 0-9. Circle one. (0 = mostly good, 9 = mostly bad)

0 1 2 3 4 5 6 7 8 9 Comments?

6. Rate the patient's anger from 0-9. Circle one. (0 = little anger, 9 = lots of anger)

0 1 2 3 4 5 6 7 8 9 Comments?

7. How does the patient's self-esteem compare to six months and a year ago?

Six Months Ago: better same worse Comments?
 One Year Ago: better same worse

8. Do you have any other concerns?